

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF DAIRY AND FOODS
FOOD SAFETY PROGRAM

FOOD SAFETY CONSUMER COMPLAINT FORM

804 – 786 – 3520

All consumer complaints concerning the safety or wholesomeness of food products in retail food stores, food manufacturing plants and food warehouses within the Commonwealth of Virginia are reviewed and investigated by a Food Safety Specialist. If the matter is under the jurisdiction of another agency, your complaint will be forwarded immediately to that agency for investigation. The Food Safety Program is not permitted to become involved in the recovery of any alleged monetary losses due to the complaint issue.

This office does not investigate complaints concerning restaurants. Food safety issues in restaurants are under the jurisdiction of your local Virginia Department of Health (VDH) office.

Please complete the following information. As much information as possible is needed to insure that your complaint can be investigated promptly. Although we will investigate an anonymous complaint, we encourage you to include the personal information noted below so that we may contact you if additional information is needed.

Your Name:

Your E-mail Address:

Your Address:

Your City:

Your State:

Your Zip Code:

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Your Phone Number and Area Code:

A/C Phone Number

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If necessary, what is the best time to contact you personally by phone?

7 to 8 AM	
8 to 12 noon	
12 to 5 PM	
5 to 6 PM	
Anytime	

Describe in detail the food product or food safety issue you wish to have investigated.

- If the complaint is due to a purchased product, please include the actual name of the product as it appears on the package, the product container type (i.e. can, bottle, flexible package) and the exact weight of the product.
- If the food product contains foreign material, please describe that material in detail (size, shape and color of object).
- If the purchased food product appears to be unwholesome, please describe the appearance of the product (i.e. color, texture and odor).

When and what time did you encounter the problem or purchase the product?

Month	Day	Year	Approx. Time

What was the "lot number of the product?"

- This is usually a number or code imprinted, stamped or embossed on the food product package. The "lot number" is NOT the "UPC" of the product.
- The lot number may be a series of numbers and/or letters or an expiration date.

Please indicate the name and address of the store where the food product was purchased or where the food safety issue was noted.

- If the address is unknown, please describe the location as best you can.

Describe any illness (nausea, diarrhea, vomiting, etc.) you may have experienced from consuming the product.

- Please include the amount of time expiring between the time you consumed the product and the time that you became ill.

Indicate the name and address of the manufacturer, distributor or packer.

- This information will generally appear either on the side or the back of the container.

If you did experience an illness and were treated by a physician and/or medical facility, please provide the name, address and phone number of that medical facility and/or physician.

- If your medical information is needed to investigate the complaint, you must authorize the physician and/or medical facility to release such information.